

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		2				
3							53		2				
4							54	1					
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59	1					
10							60	1					
11							61	1					
12							62	1					
13							63		4				
14							64		4				
15							65		4				
16	1						66		4				
17	1						67		4				
18		7					68		4				
19	1						69	1					
20							70		1				
21							71		5				
22							72		5				
23							73		5				
24							74	1					
25							75	1					
26	1						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36	1						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

75+47 = 124 x